

| CLAIMS ONLY | | | | | | | Application Number 16/658846 | | Filing Date | | |
|-------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total | 36 | | | | | | | | | | |
| Depend | 36 | | | | | | | | | | |
| Total | 40 | | | | | | | | | | |
| Claims | 40 | | | | | | | | | | |
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